



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Richard N. Zare  
Title: Photopolymerized Sol-Gel Column and Associated Methods  
Serial No.: 09/929,275 Filed: August 13, 2001  
Examiner: Therkorn, Ernest G. Group Art Unit: 1723  
Docket No.: STNB.066US0 Conf. No.: 8199

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Commissioner for Patents, Washington, D.C. 20231, on 12/2/03

Gulien Bower  
Signature

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This is in response to a first office action on the merits that was mailed on June 4, 2003, and set a shortened statutory period for response that expired on September 4, 2003. A three-month extension of time is hereby requested. In view of the following amendment and remarks, reconsideration is respectfully requested.

12/05/2003 SHINASS1 00000014 09929275

01 FC:1253  
02 FC:1806

950.00 OP  
180.00 OP



# PARSONS HSUE & DE RUNTZ LLP

655 MONTGOMERY STREET, SUITE 1800 ♦ SAN FRANCISCO, CALIFORNIA 94111

Telephone: (415) 318-1160 ♦ Fax: (415) 693-0194

December 2, 2003

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: Applicant(s): Zare et al.  
Title: Photopolymerized Sol-Gel Column and Associated Methods  
Application No.: 09/929,275 Filing Date: August 13, 2001  
Examiner: Therkorn, Ernest G. Group Art Unit: 1723  
Docket No.: STNB.066US0 Conf. No.: 8199

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate – 1 page);
- (3) Amendment and attachments (26 pages);
- (4) Information Disclosure Statement (2 pages);
- (5) PTO Form 1449 (1 page);
- (6) 1 Reference;
- (7) Petition for Extension of Time (Three-Month); and
- (8) Check for \$1130.00.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below:

## CLAIMS AS AMENDED

	Claims Remaining <u>After Amendment</u>		Highest No. <u>Previously Paid For</u>		Present <u>Extra</u>	<u>Rate</u>	<u>Additional Fee</u>	
Total Claims	26	Minus	26	=	0	x \$18.00	\$	0.00
Independent Claims	4	Minus	4	=	0	x \$86.00	\$	0.00
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application						\$	
<input checked="" type="checkbox"/>	Fee for Petition for Extension of Time (Three-Month)						\$	\$950.00
<input checked="" type="checkbox"/>	Fee for Information Disclosure Statement						\$	\$180.00
<b><u>Total additional fee for this Amendment:</u></b>							\$	<u>0.00</u>
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.							
<input checked="" type="checkbox"/>	Please charge any additional fees required and credit any overpayment to our Deposit Account No. 502664.							

**Total:** \$ \$1130.00

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P.O. Box 1450, Alexandria, VA 22313-1450, on 12/2/03

Gillian Bower  
Signature

Respectfully submitted,

K. Alison de Runtz

K. Alison de Runtz  
Reg. No. 37,119